

Montana Medicaid Claim Jumper

Timely Filing Clarification

It was reported in the August *Claim Jumper* that claims can be submitted for processing up to 12 months from the date of service and most claims submitted beyond this time frame cannot be considered for reimbursement. Although this is generally true, there are exceptions.

According to timely filing rules, claims can be submitted within 12 months from the latest of:

- date of service;
- date retroactive eligibility was determined; or
- date disability was determined.

There are also other instances where claims can be processed beyond the 12 month period:

- six months from the date on the Medicare EOB approving the service, if the Medicare claim was filed timely and the client was Medicare-eligible at the time the Medicare claim was filed; or
- six months from the date on an adjustment notice from a third party payer, where the third party payer had previously processed the claim for the same service.

School-based Providers

Effective July 1, 2004, the federal matching assistance percentage (FMAP) rate was decreased from 75.91% to 72.85%. The Department has been notified the FMAP rate will be adjusted again in October 2004 to 71.90%. Because of recent changes by CMS, the FMAP must price based on the payment date for your claims rather than pricing by the date of service.

Because our payment system prices procedures based on the adjudication date, it is imperative you bill services without delay to assure you receive the appropriate FMAP rate for the time of service. For instance, if a procedure is provided May 1, 2004 but not adjudicated and paid within

our system until October 4, 2004, you as the provider will be paid the FMAP rate set for October 2004, not the FMAP rate that was in effect in May 2004.

Effective July 1, 2004, the school-based services fee schedule will be published utilizing the established RBRVS fee at 90 percent. When you are reviewing the fee schedule, you would take the published fees for schools and multiply by the appropriate FMAP rate that was in effect during the time your claim priced within our system.

Hospital Update

- Discharge status 43 (discharged/transferred to a federal hospital) has been added as a valid patient status code. This status is treated the same as status 02 for reimbursement purposes.
- The Department has discovered that outpatient claims with procedure codes that have a "C" status (inpatient only) have been denying only the line that has the "C" status procedure code. The entire claim should have been denied. This edit has been corrected and the affected claims will be adjusted to deny within the next 60 days.
- The admit diagnosis will now be considered in the MMIS system logic for determining when observation criteria are payable. The Department will be doing a mass adjustment within the next 60 days to correctly reimburse claims with denied observation lines due to this issue.

Watch www.mtmedicaid.org for updates on billing observation services and for appealing emergency department claims.

Vaccines For Children (VFC)

The VFC codes as of dates of service July 1, 2004 and after are: 90633, 90645, 90647, 90648, 90655, 90657, 90669, 90700, 90707, 90713, 90716, 90718, 90723, 90732, 90744, and 90748.



Providers Key to Team Care Success

The success of the Team Care Program depends on the collaboration of professionals working together to ensure health care resources are not wasted. When serving Team Care clients, we ask PCPs to:

- Encourage your clients to call the Nurse First Advice Line. Team Care clients are mandated to call this line before seeking medical care, even from their PCP. PCPs will receive a faxed summary of the calls from Nurse First prior to Team Care clients visiting your office.
- The Nurse First Advice Line is a resource available to most Medicaid clients, not just those in Team Care.
- Verify a client's eligibility each time he/she is seen in the office.
- Treat clients only when medically necessary. The State will only pay for medically necessary visits.
- Make referrals to other providers only when absolutely necessary. To ensure continuity of care and strong case management, the Team Care program emphasizes that care be administered by the PCP at the client's medical home.
- Refer clients for enrollment into the Team Care program whenever you see a need to do so. Providers are encouraged to submit clients for consideration by using the "Team Care Provider Referral Fax" found on our website (www.mtmedicaid.org) under Team Care, or by calling the Managed Care Bureau at 444-1518.
- Disenroll clients at any time by calling the Managed Care Bureau. Clients removed from Team Care will continue in the PASSPORT To Health Program as required. Some clients will no longer meet the requirements for mandatory enrollment and thus will resume fee-for-service Medicaid.
- For more information about Team Care or Nurse First, contact Tedd Weldon in the Managed Care Bureau at (406) 444-1518, or email him at teweldon@state.mt.us.

Managed Care Bureau Names Physician Advisor for Nurse First Programs

The Montana Department of Public Health and Human Services and McKesson Health Solutions are pleased to announce that Janice Gomersall, M.D., has been named Physician Advisor for the Nurse First programs.

"Dr. Gomersall will work very closely with physicians and other health care providers throughout Montana to ensure they receive the program information they need about Nurse First," said Mary Angela Collins, Medicaid Managed Care Bureau Chief. "Dr. Gomersall will also head an advisory board that will work with providers in our state to ensure that the Nurse First Programs meet Montana's needs and are successful here. We're excited to have a such a well-qualified, enthusiastic liaison for Nurse First on board," Collins added.

Nurse First began in January 2004 and includes disease management and nurse triage services for approximately 65,000 Medicaid beneficiaries throughout the state.

"Nurse First is a terrific program, and I'm looking forward to letting other providers know about the ways the program can help improve the health of their Medicaid patients," Dr. Gomersall said.

Dr. Gomersall, who's lived in Montana for about eight years, will continue as a family practitioner specializing in obstetrics at Lolo Family Practice in Lolo, where she's treated patients since 1996.

In addition to practicing medicine, Dr. Gomersall is extremely active in Montana's medical community, including positions as Vice-Chair of the Joint Investigational Review Board at St. Patrick Hospital and Community Medical Center in Missoula and a member of the Quality Management Committee at Western Montana Clinic in Missoula.

Dr. Gomersall looks forward to meeting other Medicaid providers as part of her upcoming outreach visits across the state. To contact her, call (406) 273-0045 or e-mail her at janice.gomersall@mckesson.com.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website at www.mtmedicaid.org. Select "Resources by Provider Type" for a list of resources specific to your provider type. If you cannot access the information, contact provider relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Notices/News Releases		
<i>Date Posted</i>	<i>Provider Type(s)</i>	<i>Description</i>
07/23/04	All Providers	Nurse First Program Launched (07/22/04)
07/29/04	School-based Providers	Fee Schedule reflects reimbursement changes (07/01/04)
08/02/04	All Providers	Team Care Launched (08/02/04)
Fee Schedules		
07/12/04	Physicians	New Fee Schedule (07/04)
07/16/04	Mid-Level Practioners	New Fee Schedule (07/04)
07/20/04	Optometric	New Fee Schedule (07/04)
07/23/04	Mental Health Services	New Fee Schedule (07/04)
08/02/04	Physical Therapy	New Fee Schedule (07/04)
08/02/04	Occupational Therapy	New Fee Schedule (07/04)
08/02/04	Speech Therapy	New Fee Schedule (07/04)
08/02/04	Podiatry	New Fee Schedule (07/04)

Medicaid Fraud Alert

DPHHS has received information concerning fraudulent activities conducted by Doctor's Assistance Corporation, also known as the U.S. Seminar Corporation, of La Mesa, CA. According to Medicaid officials in Maine, health care providers in their state have been contacted by the Doctor's Assistance Corporation and were told they are collecting overpayments on behalf of the Medicaid program. This is not true. The Doctor's Assistance Corporation is in no way affiliated with Medicaid or Medicare.

Over the past six years, the U.S. Office of Inspector General has cited this same company for misidentifying themselves as Medicare representatives and telling providers that attending the company's seminars is mandated by Medicare. Neither Medicare nor HHS has ever endorsed private companies or individuals.

The misuse of words, letters, symbols, or emblems of Medicare or HHS in an advertisement, solicitation, or other form of communication that reasonably could be construed as conveying the false or misleading impression of approval, endorsement, or authorization of the government is a violation of federal law.

Montana health care providers who suspect they may have been unlawfully solicited by private companies claiming to be affiliated with HHS, Medicare, or Medicaid should contact DPHHS at 406-444-4586.



Medicaid Provider Training Seminars

Fall 2004

October 27, 2004

Grouse Mountain Lodge
2 Fairway Drive
Whitefish, Montana

November 10, 2004

Mansfield Health Education Center
(Adjacent to St. Vincent Healthcare)
Billings, Montana

Please take advantage of these free one-day training seminars to learn more about Medicaid and best billing practices. Topics covered include: provider resources, eligibility, prior authorization, TPL & Medicare, building clean claims, PASSPORT/Team Care, and program officer updates. We encourage office managers and billing staff to attend. The seminars begin at 9:00 am and end at 4:00 pm. (Lunch on your own.) All you need to do is pre-register by filling out the attached registration form and return it by mail or fax (406-442-4402) to ACS, no later than one week before the seminar.

We ask that you pre-register if you plan to attend one of the upcoming training seminars. Please complete the following and return to ACS as soon as possible.

Provider Number: _____

Provider Name: _____

Phone Number: _____

Seminar Location: ☐ Whitefish ☐ Billings

Name(s) of Attendee(s): _____

Have you ever attended a Medicaid Provider Training Seminar before? ☐ Yes ☐ No

Any concerns or topics you would like to see covered during this training seminar? _____

Why attend a Medicaid Provider Training Seminar?

Provider Resources: *Learn more about the Montana Medicaid provider website and how to get the information you need*

Eligibility: *Learn how to effectively and accurately verify Medicaid/CHIP/MHSP eligibility*

Prior Authorization: *Learn when and who to contact to preauthorize services*

TPL & Medicare: *Learn how other payers and programs can impact your claims*

Building Clean Claims: *Hands-on training for professional and institutional claims, in both paper and electronic billing formats*

PASSPORT/Team Care: *Learn more about Montana's managed care programs*

Program Officer Updates: *The latest news from DPHHS*

Additional information and registration forms available at www.mtmedicaid.org



P.O. Box 4936
Helena, Montana 59604

PLACE
STAMP
HERE

ACS—FALL SEMINAR PRE-REGISTRATION
P.O. BOX 4936
HELENA, MONTANA 59604

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

PRSRT STD
U.S. Postage
PAID
Helena, MT
Permit No. 154

Key Contacts

Provider Information website <http://www.mtmedicaid.org>

ACS EDI Gateway Website <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 (in Montana)
(406) 442-1837 (Helena & out-of-state)
(406) 442-4402 fax

TPL (800) 624-3958 (in Montana)
(406) 443-1365 (Helena & out-of-state)
(406) 442-0357 fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEOPS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604